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CONFIRMATION NO. 2847

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/623,206 | FILING DATE<br>07/18/2003<br><br>RULE | CLASS<br>607 | GROUP ART UNIT<br>3766 | ATTORNEY DOCKET NO.<br>(49363) 58951 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

Thomas P. Osypka, Palm Harbor, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/397,203 07/19/2002 *EDB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE EDB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 10/21/2003

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>FL | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature   | <i>EDB</i><br>Initials    |                        |                       |                            |

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## TITLE

Device and method for delivering cardiac leads

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>440 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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